			,			<i>V</i>	
Branch Committee of A	DTENTIAL HAZARDOUS W		O9 A PORT	" "	GION SITE	NOMBER	
File this form in the regional Hazardot System; Hazardous Waste Enforcement					otection Ag	ency; Site	Tracking
	I. SITE IDEN	ITIFICATION					
Dn-Site Deek W	ell	E. STREET	is The	my P.	0. By	162	
michigan Ct	/	DATATE.		0	E. 215	6360	
	II. FINAL DE	TERMINATION	7				
Indicate the recommended action(s)	d agency(ies) that should be	e involved by m	arking 'X' i	n the app	ropriate box	es.	
RECOMM	IENDATION		MARK'X'	EPA	ACTION A		PRIVATE
A. NO ACTION NEEDED			X	人			
B. REMEDIAL ACTION NEEDED, BUT NO (If yes, complete Section III.)	RESOURCES AVAILABLE						
C. REMEDIAL ACTION (II yes, complete 5	Section IV.)						
D. ENFORCEMENT ACTION (If yes, specimenaged by the EPA or the State and wi			ſ				,
Duplicate Sul	te: Same As.	: Americ	con C	yaxi		gion 5 Recor	
F. IF A CASE DEVELOPMENT PLAN HAS THE DATE PREPARED (mo., day, & yr.) H. PREPARER INFORMATION			FORCEMENT ED (mo,, day		S BEEN FIL		FY THE
1. NAME		886-	6714	7		114/8	y, & yr.)
ALL REMEDIAL	ACTIONS TO BE TAKEN			ME AVAII	ABLE	////	
List all remedial actions, such as except a list of Key Words for each of the remedy.	avation, removal, etc. to be	taken as soon	as resource	s become	available.		
A. REMEDIAL ACTION	9. ESTIMA	ATED COST		С	. REMARKS		
	\$		·			····	
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
D. TOTAL ESTIMATED COST	S						

Continued From Front					
		IV.	REMEDIAL ACT	IONS	
A. SHORT TERM/EMERGENCY immediate control, e.g., restr the actions to be used in the	ict access, p	provide alter	Off-Site). List all mate water supply	Lemergency actions take , etc. See instructions f	n or planned to bring the site under or a list of Key Words for each of
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (FPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION, INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				s	
				\$	
				\$	
				\$	
				\$	
B. LONG TERM STRATEGY (Or wells, etc. See instructions					, removal, ground water monitoring aces below.
1. ACTION	2. ACTION START DATE (mo, day, &yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
C. MANHOURS AND COST BY A	CTION AGE	ENCY			
1. ACT	ION AGENCY			2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA					\$
b. STATE		· · · · · · · · · · · · · · · · · · ·			\$
				l	

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c. PRIVATE PARTIES
d. OTHER (specify):

SEF	A POTENT	TIAL HAZARDOU	S WASTE SIT	E IDENTIFICATI	ON REGION	TW-0000/0039
act be a h	e initial identificat ivity or confirmation assessed under the azardous waste pro	on that an actual l e EPA's Hazardou	health or envir is Waste Site 1	ronmental threat e	exists. All ident	finding of illegal ified sites will
A. SITE NAME	On Site Al	sep likel!	8.	Enert Www		ray P.O. Box 26.2
C. CITY M	ichigan a	tu	o.	1 · · ·	360 F. COL	INTYNAME
G. OWNER/OPE	PATOR (known)	/			Z. TEI	EPHONE NUMBER
H. TYPE OF OW	NERSHIP (it known) RAL	3. COUNTY	4. MUNICIF	PAL S. PRIVA	TE G. UNK	NOWN
1. SITE DESCRIE	TION ,					
·						•
	·					
	,		,		,	•
						T
J. HOW IDENTIF	IED (i.e., citizen's con	mplaints, OSHA citati	ons, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
	POTENTIAL OR KNC		ons, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
			ons, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)
			ons, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
			ons, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
			ons, etc.)			K. DATE IDENTIFIED (mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)
			ons, etc.)			(mo., day, & yr.)

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		HAZARDOUS WAS			RE	GION SIT	E NUMBER	
45 Land 187	FINAL STRA	TEGY DETERM	INATION					
File this form in the region System; Hazardous Waste E						otection A	igency; Site	e Tracking
		I. SITE IDENTI	r					
On Site La	soon + Land	all Area	E. D.	unea A	hou i	P. O. B	4 26	2
Mushiam (D. STATE	D. STATE . E. ZIP CODE 46360						
	7	II. FINAL DETE	RMINATION					
Indicate the recommended a	ction(s) and agency(ies) that should be i	nvolved by m	narking 'X'	in the app	ropriate bo	xes.	
	RECOMMENDATION			<u> </u>			AGENCY	PRIVATE
A. NO ACTION NEEDED		· · · · · · · · · · · · · · · · · · ·		MARK'X	X EPA	STATE	LOCAL	THE VALE
B. REMEDIAL ACTION NEED (If yes, complete Section II)	ED, BUT NO RESOURCE	S AVAILABLE						
C. REMEDIAL ACTION (If yes								
D. ENFORCEMENT ACTION (If yes, specify in Part E s State and what type of en	whether the case wi forcement action is	ll be primarily anticipated.)	,				
Duplicate Si	te: Same A	s: Amer						
F. IF A CASE DEVELOPMEN THE DATE PREPARED (m		PARED, SPECIFY		IFORCEMEN ⁻ LED (mo., day		S BEEN FI	LED, SPEC	IFY THE
H. PREPARER INFORMATION 1. NAME A. ROCH				ONE NUMBE		3.1	2/19/c	
(n. 1	REMEDIAL ACTIONS T	O BE TAKEN WH				ABLE		
List all remedial actions, s for a list of Key Words for e remedy.								
A. REMEDIAL A	CTION	B. ESTIMATI	ED COST	<u> </u>	c	. REMARK	 S	
		\$						
		\$						
								

\$

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D. TOTAL ESTIMATED COST

(ont	1111	ic d	From	P to	n í

IV. REMEDIAL ACTIONS							
A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site). List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.							
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,dey,&vr)	4. ACTION AGENCY (EPA, State, Private Party)	5 . COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED.		
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
	B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.						
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,dey,&yr)	4. ACTION AGENCY (FPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.		
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
C. MANHOURS AND COST BY A	CTION AGE	ENCY					
1. ACTION AGENCY			2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES			
a. EPA					\$		
b. STATE					\$		
c. PRIVATE PARTIES					\$		
d. OTHER (specify):					\$		

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SEPA POTENTIAL HAZARDOUS WASTE SITE II	DENTIFICATION REGION	TN-BOON 10036
NOTE: The initial identification of a potential site or incident activity or confirmation that an actual health or environment be assessed under the EPA's Hazardous Waste Site Enfa hazardous waste problem actually exists.	mental threat exists. All ident	finding of illegal ified sites will
Ap Site Ta goon and budhel Uf. Ea.	REET (Or other identifier) It Wilnes Highway 1	C Box 262
Muchigan City In	diana (1.360)	JMAN YTNL
G. OWNER/OPERATOR (II known) / I. NAME	2. TEI	LEPHONE NUMBER
H. TYPE OF OWNERSHIP (if known) 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL	5. PRIVATE 6. UNK	иоми
I. SITE DESCRIPTION	,	-
•		
		. · •
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)		K. DATE IDENTIFIED (mo., day, & yr.)
L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM		
	•	
	-	· ;
•	:	
		.*
M, PREPARER INFORMATION 1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)

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